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PTO/SB/05 (4/98)  
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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. M61.12-0409  
First Inventor or Application Identifier Manolito Adan et al.  
Title INPUT DEVICE WITH FORWARD/BACKWARD CONTROL  
Express Mail Label No. EL844351563US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

Address To: U.S. Patent and Trademark Office  
P.O. Box 2327  
Arlington, VA 22202

1. ☒ \*Fee Transmittal Form e.g., PTO/SB17  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Sheets **43**]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets **13**]
4. Oath or Declaration [Total Sheets **3**]  
a. ☐ Newly executed (original or copy)  
b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

5. ☐ Microfiche Computer Program (Appendix)
6. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(If applicable, all necessary)  
a. ☐ Computer Readable Copy  
b. ☐ Paper Copy (Identical to computer copy)  
c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

7. ☐ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. § 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
9. ☐ English Translation Document
10. ☐ Information Disclosure Statement (IDS/PTO - PTO) ☐ Copies of IDS
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)
13. ☐ \*Small Entity Statement filed in prior application. Status still proper and desired (PTO/SB/09-12)
14. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
15. ☐ Request and Cert. Under 35 USC 122 (Non-Pub)
16. ☒ Other: Our check in the amount of \$1,262.00...

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation -in part (CIP) of prior application No: 09/153,148

Prior application information: Examiner M. Said Group/Art Unit: 2774

**FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**

**17. CORRESPONDENCE**

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Name (Print/type) Theodore M. Magee Registration No. (Attorney/Agent) 39,758  
Signature [Signature] Date 12/4/01

| FEE TRANSMITTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Manolito Adan et al.                       |                                                                            |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            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|     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                 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| Total Amount of Payment \$ 1262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Atty. 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| METHOD OF PAYMENT (Check One)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. <u>23-1123</u> .<br>Westman, Champlin & Kelly, P.A.<br><br>2. <input checked="" type="checkbox"/> Check Enclosed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | <b>3. ADDITIONAL FEES</b><br><br><table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - Late provisional Filing Fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For Filing a Request for Reexamination. (ex parte)</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,960</td> <td>280</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>148</td> <td>110</td> <td>248</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to Revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,310</td> <td>241</td> <td>670</td> <td>Petition to Revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,310</td> <td>242</td> <td>670</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>143</td> <td>490</td> <td>243</td> <td>260</td> <td>Design issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> </tbody> </table> |                                            | Large Entity                                                               |            | Small Entity    |          | Fee Description | Fee Paid  | Fee       | Fee       | Fee       | Fee        | Code          | (\$)     | Code     | (\$)     |           |            | 105                                                    | 130 | 205          | 65  | Surcharge - Late filing fee or oath |                                            | 127 | 50  | 227 | 25   | Surcharge - Late provisional Filing Fee or cover sheet |      | 139  | 130 | 139 | 130                                       | Non-English specification |   | 147                    | 2,520 | 147 | 2,520 | For Filing a Request for Reexamination. (ex parte) |                                   | 115 | 110 | 215 | 55  | Extension for reply within first month |     | 116 | 400 | 216 | 200                                             | Extension for reply within second month |    | 117 | 920 | 217                                                     | 460                    | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 280 | 980 | Extension for reply within fifth month |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 148 | 110 | 248 | 55 | Terminal Disclaimer Fee |  | 140 | 110 | 240 | 55 | Petition to Revive - unavoidable |  | 141 | 1,310 | 241 | 670 | Petition to Revive - unintentional |  | 142 | 1,310 | 242 | 670 | Utility/Reissue issue fee (inc. advance copies) |  | 143 | 490 | 243 | 260 | Design issue fee (inc. advance copies) |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Statement |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  |
| Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | Fee Description                                                            | Fee Paid   |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                 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| Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 130           | 205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 65                                         | Surcharge - Late filing fee or oath                                        |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |
| 127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 50            | 227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 25                                         | Surcharge - Late provisional Filing Fee or cover sheet                     |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |
| 139                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 130                                        | Non-English specification                                                  |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                 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| 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2,520         | 147                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2,520                                      | For Filing a Request for Reexamination. (ex parte)                         |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |
| 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 55                                         | Extension for reply within first month                                     |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                 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| 116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 200                                        | Extension for reply within second month                                    |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                 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| 117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 460                                        | Extension for reply within third month                                     |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                 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| 118                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 720                                        | Extension for reply within fourth month                                    |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                 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| 128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 980                                        | Extension for reply within fifth month                                     |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                 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| 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 160                                        | Filing a brief in support of an appeal                                     |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                 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| 121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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unavoidable                                           |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |
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| <b>1. BASIC FILING FEE</b><br><br><table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td><input checked="" type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td><input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td><input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td><input type="checkbox"/> Prov. Filing Fee</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;"><b>Subtotal (1) \$ 740</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | Large Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            | Small Entity                                                               |            | Fee Description | Fee      | Fee             | Fee       | Fee       | Code      | (\$)      | Code       | (\$)          |          | 101      | 740      | 201       | 370        | <input checked="" type="checkbox"/> Utility Filing Fee | 106 | 330          | 206 | 165                                 | <input type="checkbox"/> Design Filing Fee | 108 | 740 | 208 | 370  | <input type="checkbox"/> Reissue Filing Fee            | 114  | 160  | 214 | 80  | <input type="checkbox"/> Prov. Filing Fee |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |
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| <b>2. EXTRA CLAIM FEES</b><br><br><table style="width: 100%; font-size: x-small;"> <thead> <tr> <th></th> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><b>Total</b></td> <td><b>35</b></td> <td><b>20</b></td> <td><b>15</b></td> <td><b>18</b></td> <td><b>270</b></td> </tr> <tr> <td><b>Indep.</b></td> <td><b>6</b></td> <td><b>3</b></td> <td><b>3</b></td> <td><b>84</b></td> <td><b>252</b></td> </tr> </tbody> </table> <p style="font-size: x-small;">Multiple Dependent Claims</p> <p style="font-size: x-small;">** Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table style="width: 100%; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Description</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>Reissue Independent Claims over Original Patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 5px;"><b>Subtotal (2) \$ 522</b></p> |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Number Claims                              | Prior**                                                                    | Extra      | Fee from Below  | Fee Paid | <b>Total</b>    | <b>35</b> | <b>20</b> | <b>15</b> | <b>18</b> | <b>270</b> | <b>Indep.</b> | <b>6</b> | <b>3</b> | <b>3</b> | <b>84</b> | <b>252</b> | Large Entity                                           |     | Small Entity |     | Description                         | Fee                                        | Fee | Fee | Fee | Code | (\$)                                                   | Code | (\$) |     | 103 | 18                                        | 203                       | 9 | Claims in excess of 20 | 102   | 84  | 202   | 42                                                 | Independent claims in excess of 3 | 104 | 280 | 204 | 140 | Multiple Dependent Claims              | 109 | 84  | 209 | 42  | Reissue Independent Claims over Original Patent | 110                                     | 18 | 210 | 9   | Reissue claims in excess of 20 and over original patent | <b>Subtotal (3) \$</b> |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |
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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 140                                        | Multiple Dependent Claims                                                  |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |
| 109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 42                                         | Reissue Independent Claims over Original Patent                            |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |
| 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9                                          | Reissue claims in excess of 20 and over original patent                    |            |                 |          |                 |           |           |           |           |            |               |          |          |          |           |            |                                                        |     |              |     |                                     |                                            |     |     |     |      |                                                        |      |      |     |     |                                           |                           |   |                        |       |     |       |                                                    |                                   |     |     |     |     |                                        |     |     |     |     |                                                 |                                         |    |     |     |                                                         |                        |                                        |  |     |       |     |     |                                         |  |     |       |     |     |                                        |  |     |     |     |     |                                        |  |     |     |     |     |                          |  |     |     |     |    |                         |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                                 |  |     |     |     |     |                                        |  |     |     |     |     |                               |  |     |    |     |    |                                               |  |     |     |     |     |                                                |  |     |    |     |    |                                                                            |  |

Signature Theodore M. Magee  
 (Theodore M. Magee)

Reg. No. 39,758

Date 12-4-01

Deposit Account No. 23-1123